

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$34,275.72

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

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	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2015)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$33,638.72</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$50,549.84</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2014)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$94,050.30</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$49,793.27</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
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**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Regional Finance Corp 550 Ohio Pike Unit F Cincinnati, OH 45255	5/2016 & 6/2016 2 Payments of \$414.00	\$828.00	\$15,286.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

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Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Nissan Motor Acceptance Corp/Infinity Lt Nmac/Attn: Bankruptcy Po Box 660360 Dallas, TX 75266</b>	<b>5/2016, 6/2016 &amp; 7/2016 3 Payments of \$400.00</b>	<b>\$1,200.00</b>	<b>\$4,782.52</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Always Loans LLC vs. James Zury 2016CVI010985</b>	<b>Collection</b>	<b>Franklin County Municipal Court 375 S High St, 3rd Floor Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>Midland Funding LLC vs. James Zury 16CJ62320</b>	<b>Certificate of Judgment</b>	<b>Delaware County Common Pleas Court 91 North Sandusky Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>Active</b>
<b>Ohio Department of Taxation vs. James &amp; Jamie Zury 16JG004478</b>	<b>Certificate of Judgment</b>	<b>Franklin County Common Pleas Court 345 S High St. Floor 1B Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>Active</b>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

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Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Nationstar Mortgage LLC vs. James Zury 15CVE060379</b>	<b>Foreclosure</b>	<b>Delaware County Common Pleas Court 91 North Sandusky Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>National Loans LLC vs. James Zury 2015CVI032227</b>	<b>Collection</b>	<b>Franklin County Municipal Court 375 S High St, 3rd Floor Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>Ohio Department of Taxation vs. James Zury 15JG046182</b>	<b>Certificate of Judgment</b>	<b>Franklin County Common Pleas Court 345 S High St. Floor 1B Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>Active</b>
<b>Ohio Department of Taxation vs. James &amp; Jamie Zury 15JG000336</b>	<b>Certificate of Judgment</b>	<b>Franklin County Common Pleas Court 345 S High St. Floor 1B Columbus, OH 43215</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>Active</b>
<b>Midland Funding vs. Jamie Zury 14CVF00746</b>	<b>Collection</b>	<b>Delaware County Municipal Court 70 North Union Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>Midland Funding LLC vs. James Zury 14CVF01475</b>	<b>Collection</b>	<b>Delaware County Municipal Court 70 North Union Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>Millstone Creek Homeowners Association vs. James &amp; Jamie Zury 13CVF01197</b>	<b>Collection</b>	<b>Delaware County Municipal Court 70 North Union Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			<b>Judgment for Plaintiff</b>
<b>William B. Logan vs. James Zury 13CJ58224</b>	<b>Certificate of Judgment</b>	<b>Delaware County Common Pleas Court 91 North Sandusky Street Delaware, OH 43015</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>Active</b>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			
Nissan Motor Acceptance Corp/Infinity Lt Nmac/Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	2011 Nissan Rogue	2014	\$0.00
	<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You  Marshall D. Cohen Co., LLC 1500 West Third Avenue Suite 400 Columbus, OH 43212 notice@financialdignity.com	Attorney Fees	7/26/2016 & 7/28/2016	\$1,087.00
001 Debtorcc Inc. 378 Summit Avenue Jersey City, NJ 07306	Credit Counseling	7/29/2016	\$14.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address  Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Minor Son		Custodial Savings Account	\$600.00

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ James Christopher ZuryJames Christopher Zury  
Signature of Debtor 1/s/ Jamie Kay ZuryJamie Kay Zury  
Signature of Debtor 2Date August 10, 2016Date August 10, 2016**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF OHIO	
Case number (if known)	2:16-bk-55027		

Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ 260,200.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 260,200.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 50,837.14
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 311,037.14

## Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ 397,449.80
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 397,449.80
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 134,623.00
<b>Your total liabilities</b>		<b>\$ 532,072.80</b>

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ 6,961.53
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 6,961.53
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ 3,251.53
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 3,251.53

## Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>10,116.22</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>103,834.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>103,834.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>James Christopher Zury</b>	
	First Name	Middle Name
Debtor 2	<b>Jamie Kay Zury</b>	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO	
Case number	<u>2:16-bk-55027</u>	

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 758 Olde Mill Drive

Street address, if available, or other description

Westerville      OH      43082-0000  
 City              State      ZIP Code

##### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$260,200.00      Current value of the portion you own? \$260,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

Check if this is community property  
(see instructions)

##### Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

(Nationstar Mortgage LLC)

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$260,200.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: **Toyota**  
Model: **Camry**  
Year: **2013**  
Approximate mileage: **55k**  
Other information:  
**(Regional Acceptance Corporation)**

**Who has an interest in the property?** Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

**\$12,800.00** **\$12,800.00**

3.2 Make: **Nissan**  
Model: **Altima**  
Year: **2010**  
Approximate mileage: **134k**  
Other information:  
**(Nissan Motor Acceptance Corporation)**

**Who has an interest in the property?** Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

**\$6,000.00** **\$6,000.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$18,800.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Furniture Joint** **\$500.00**

**Appliances Joint** **\$700.00**

**Silverware/Cookware Joint** **\$30.00**

**Tools Joint** **\$150.00**

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....**Electronics  
Joint****\$500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**Camping Gear  
Fishing Rod & Reel  
Misc. Sporting Goods****\$400.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Wearing Apparel  
Joint****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Jewelry  
Joint****\$300.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**Pets - 1 Dog  
Joint****\$5.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$3,085.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash on Hand****\$0.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1.	<b>Flex Spending Account</b>	<b>\$249.86</b>
17.2. <b>Checking</b>	<b>Chase Bank #0278 Joint</b>	<b>\$922.69</b>
17.3. <b>Savings</b>	<b>Kemba #5890-00 Husband</b>	<b>\$5.00</b>
17.4. <b>Checking</b>	<b>Kemba #5890-80 Husband</b>	<b>\$213.62</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****401(k)****Fidelity/Exel****\$19,560.97****22. Security deposits and prepayments***Examples: Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others* No Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements* No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses* No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement* No Yes. Give specific information.....**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else* No Yes. Give specific information..**Estimated Outstanding Unpaid Comissions from Everdry Waterproofing****\$8,000.00****31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027**

value:

<b>Wife Term Life Insurance Through Work</b>	<b>Husband</b>	<b>\$0.00</b>
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<b>Husband Term Life Insurance Through Work</b>	<b>Wife</b>	<b>\$0.00</b>
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**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

<b>\$28,952.14</b>
--------------------

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

<b>\$0.00</b>
---------------

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**Case number (if known) **2:16-bk-55027****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		\$260,200.00
56. Part 2: Total vehicles, line 5 .....	\$18,800.00	
57. Part 3: Total personal and household items, line 15 .....	\$3,085.00	
58. Part 4: Total financial assets, line 36 .....	\$28,952.14	
59. Part 5: Total business-related property, line 45 .....	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00	
61. Part 7: Total other property not listed, line 54 .....	\$0.00	
62. Total personal property. Add lines 56 through 61...	<b>\$50,837.14</b>	Copy personal property total <b>\$50,837.14</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....		<b>\$311,037.14</b>

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>		

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
758 Olde Mill Drive Westerville, OH 43082 Delaware County <b>(Nationstar Mortgage LLC)</b> Line from <i>Schedule A/B: 1.1</i>	\$260,200.00	<input checked="" type="checkbox"/> \$136,925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
758 Olde Mill Drive Westerville, OH 43082 Delaware County <b>(Nationstar Mortgage LLC)</b> Line from <i>Schedule A/B: 1.1</i>	\$260,200.00	<input checked="" type="checkbox"/> \$136,925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2013 Toyota Camry 55k miles <b>(Regional Acceptance Corporation)</b> Line from <i>Schedule A/B: 3.1</i>	\$12,800.00	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2010 Nissan Altima 134k miles <b>(Nissan Motor Acceptance Corporation)</b> Line from <i>Schedule A/B: 3.2</i>	\$6,000.00	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Furniture Joint Line from <i>Schedule A/B: 6.1</i>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Appliances Joint</b> Line from <i>Schedule A/B: 6.2</i>	<b>\$700.00</b>	<input checked="" type="checkbox"/> <b>\$700.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Silverware/Cookware Joint</b> Line from <i>Schedule A/B: 6.3</i>	<b>\$30.00</b>	<input checked="" type="checkbox"/> <b>\$30.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Tools Joint</b> Line from <i>Schedule A/B: 6.4</i>	<b>\$150.00</b>	<input checked="" type="checkbox"/> <b>\$150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Electronics Joint</b> Line from <i>Schedule A/B: 7.1</i>	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Camping Gear Fishing Rod &amp; Reel Misc. Sporting Goods</b> Line from <i>Schedule A/B: 9.1</i>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Wearing Apparel Joint</b> Line from <i>Schedule A/B: 11.1</i>	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Jewelry Joint</b> Line from <i>Schedule A/B: 12.1</i>	<b>\$300.00</b>	<input checked="" type="checkbox"/> <b>\$300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(b)</b>
<b>Pets - 1 Dog Joint</b> Line from <i>Schedule A/B: 13.1</i>	<b>\$5.00</b>	<input checked="" type="checkbox"/> <b>\$5.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>Flex Spending Account</b> Line from <i>Schedule A/B: 17.1</i>	<b>\$249.86</b>	<input checked="" type="checkbox"/> <b>\$62.47</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Flex Spending Account</b> Line from <i>Schedule A/B: 17.1</i>	<b>\$249.86</b>	<input checked="" type="checkbox"/> <b>\$187.39</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(13)</b>
<b>Checking: Chase Bank #0278 Joint</b> Line from <i>Schedule A/B: 17.2</i>	<b>\$922.69</b>	<input checked="" type="checkbox"/> <b>\$412.53</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Checking: Chase Bank #0278 Joint</b> Line from <i>Schedule A/B: 17.2</i>	<b>\$922.69</b>	<input checked="" type="checkbox"/> <b>\$510.16</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>Savings: Kemba #5890-00 Husband</b> Line from <i>Schedule A/B: 17.3</i>	<b>\$5.00</b>	<input checked="" type="checkbox"/> <b>\$5.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Checking: Kemba #5890-80 Husband</b> Line from <i>Schedule A/B: 17.4</i>	<b>\$213.62</b>	<input checked="" type="checkbox"/> <b>\$213.62</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>401(k): Fidelity/Exel</b> Line from <i>Schedule A/B: 21.1</i>	<b>\$19,560.97</b>	<input checked="" type="checkbox"/> <b>\$19,560.97</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(10)(c)</b>
<b>Estimated Outstanding Unpaid Commissions from Everdry Waterproofing</b> Line from <i>Schedule A/B: 30.1</i>	<b>\$8,000.00</b>	<input checked="" type="checkbox"/> <b>\$6,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(13)</b>
<b>Estimated Outstanding Unpaid Commissions from Everdry Waterproofing</b> Line from <i>Schedule A/B: 30.1</i>	<b>\$8,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>Estimated Outstanding Unpaid Commissions from Everdry Waterproofing</b> Line from <i>Schedule A/B: 30.1</i>	<b>\$8,000.00</b>	<input checked="" type="checkbox"/> <b>\$256.38</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Wife Term Life Insurance Through Work Beneficiary: Husband</b> Line from <i>Schedule A/B: 31.1</i>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05</b>
<b>Husband Term Life Insurance Through Work Beneficiary: Wife</b> Line from <i>Schedule A/B: 31.2</i>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05</b>

**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--	--	--

2.1 **Delaware County Treasurer**  
Creditor's Name

Describe the property that secures the claim: **\$0.00** **\$0.00** **\$0.00**

**Notice Only**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2 **Internal Revenue Service**  
Creditor's Name

Describe the property that secures the claim: **\$40,874.02** **\$260,200.00** **\$40,874.02**

**758 Olde Mill Drive Westerville, OH 43082 Delaware County (Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred **2015**

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **James Christopher Zury**  
 First Name Middle Name Last Name

Debtor 2 **Jamie Kay Zury**  
 First Name Middle Name Last Name

Case number (if known)

**2:16-bk-55027**

<b>2.3</b>	<b>Midland Funding LLC</b>	Describe the property that secures the claim:	<b>\$1,354.70</b>	<b>\$260,200.00</b>	<b>\$1,354.70</b>
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Creditor's Name

**2365 Northside Drive  
 Suite 300  
 San Diego, CA 92108**

Number, Street, City, State &amp; Zip Code

**758 Olde Mill Drive Westerville, OH  
 43082 Delaware County  
 (Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred **2/2/2016**Last 4 digits of account number **2320**

<b>2.4</b>	<b>Millstone Creek    Homeowners    Association</b>	Describe the property that secures the claim:	<b>\$807.50</b>	<b>\$260,200.00</b>	<b>\$0.00</b>
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Creditor's Name

**c/o Real Property  
 Management Inc  
 9054 Cotter Street  
 Lewis Center, OH 43035**

Number, Street, City, State &amp; Zip Code

**758 Olde Mill Drive Westerville, OH  
 43082 Delaware County  
 (Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Date debt was incurred **2012**

Last 4 digits of account number \_\_\_\_\_

<b>2.5</b>	<b>Nationstar Mortgage LLC</b>	Describe the property that secures the claim:	<b>\$240,861.00</b>	<b>\$260,200.00</b>	<b>\$0.00</b>
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Creditor's Name

**8950 Cypress Waters  
 Blvd  
 Coppell, TX 75019**

Number, Street, City, State &amp; Zip Code

**758 Olde Mill Drive Westerville, OH  
 43082 Delaware County  
 (Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Debtor 1	<b>James Christopher Zury</b>		
First Name	Middle Name	Last Name	
Debtor 2	<b>Jamie Kay Zury</b>		
First Name	Middle Name	Last Name	
<b>Opened</b> <b>12/01/10</b>			
<b>Last Active</b>			
Date debt was incurred	<b>2/27/15</b>		
	Last 4 digits of account number	<b>3708</b>	

Case number (if known) **2:16-bk-55027**

2.6	<b>Nissan Motor Acceptance Corporation</b>	Describe the property that secures the claim:	<b>\$4,782.52</b>	<b>\$6,000.00</b>	<b>\$0.00</b>
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Creditor's Name

**2010 Nissan Altima 134k miles  
(Nissan Motor Acceptance Corporation)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

<b>Opened</b> <b>8/31/10</b>
<b>Last Active</b>
Date debt was incurred <b>7/01/16</b>

Last 4 digits of account number **0029**

2.7	<b>Ohio Department of Taxation</b>	Describe the property that secures the claim:	<b>\$7,862.64</b>	<b>\$260,200.00</b>	<b>\$7,862.64</b>
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Creditor's Name

**758 Olde Mill Drive Westerville, OH  
43082 Delaware County  
(Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred **2/17/2016**Last 4 digits of account number **4478**

2.8	<b>Ohio Department of Taxation</b>	Describe the property that secures the claim:	<b>\$8,703.63</b>	<b>\$260,200.00</b>	<b>\$8,703.63</b>
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Creditor's Name

**758 Olde Mill Drive Westerville, OH  
43082 Delaware County  
(Nationstar Mortgage LLC)**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Number, Street, City, State &amp; Zip Code

Debtor 1	<b>James Christopher Zury</b>			Case number (if known)	2:16-bk-55027
	First Name	Middle Name	Last Name		
Debtor 2	<b>Jamie Kay Zury</b>				
	First Name	Middle Name	Last Name		

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number **0336**

2.9	<b>Ohio Department of Taxation</b>	Describe the property that secures the claim:	\$9,309.19	\$260,200.00	\$9,309.19
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Creditor's Name

**Bankruptcy Division  
PO Box 530  
Columbus, OH 43216**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **10/30/2015**

Last 4 digits of account number **6182**

2.1	<b>Ohio Department of Taxation</b>	Describe the property that secures the claim:	\$7,862.64	\$260,200.00	\$7,862.64
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Creditor's Name

**Bankruptcy Division  
PO Box 530  
Columbus, OH 43216**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **2/17/2016**

Last 4 digits of account number **4478**

2.1	<b>Regional Finance Corporation</b>	Describe the property that secures the claim:	\$15,286.00	\$12,800.00	\$2,486.00
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Creditor's Name

**550 Ohio Pike Unit F  
Cincinnati, OH 45255**

As of the date you file, the claim is: Check all that apply.

- Contingent

Debtor 1	<b>James Christopher Zury</b>	Case number (if known)	<b>2:16-bk-55027</b>	
First Name	Middle Name	Last Name		
Debtor 2	<b>Jamie Kay Zury</b>	First Name	Middle Name	Last Name

Number, Street, City, State & Zip Code	<input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
<b>Who owes the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> _____

<b>Opened</b>	<b>10/01/14</b>	<b>Last Active</b>	<b>Last 4 digits of account number</b>	<b>5601</b>
Date debt was incurred				

<b>2.1</b>	<b>2</b>	<b>William B. Logan</b>	<b>Describe the property that secures the claim:</b>	<b>\$59,745.96</b>	<b>\$260,200.00</b>	<b>\$41,214.46</b>
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Creditor's Name	<b>758 Olde Mill Drive Westerville, OH 43082 Delaware County (Nationstar Mortgage LLC)</b>
<b>Chapter 7 Trustee</b>	
<b>170 North High Street</b>	
<b>Columbus, OH 43215</b>	
Number, Street, City, State & Zip Code	

<b>Who owes the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> _____			
<b>Opened</b>	<b>10/01/14</b>	<b>Last Active</b>	<b>Last 4 digits of account number</b>	<b>5601</b>

Date debt was incurred	<b>8/20/2013</b>	<b>Last 4 digits of account number</b>	<b>8224</b>
Add the dollar value of your entries in Column A on this page. Write that number here:	<b>\$397,449.80</b>		

If this is the last page of your form, add the dollar value totals from all pages.	<b>\$397,449.80</b>
Write that number here:	

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Attorney Brian Duffy</b> <b>Shapiro, Van Ess Phillips &amp; Barragate LL</b> <b>4805 Montgomery Rd., Suite 320</b> <b>Cincinnati, OH 45201</b>	On which line in Part 1 did you enter the creditor? <b>2.5</b>
		Last 4 digits of account number _____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Attorney General of the State of Ohio</b> <b>Collection Enforcement</b> <b>150 East Gay Street, 21st Floor</b> <b>Columbus, OH 43215</b>	On which line in Part 1 did you enter the creditor? <b>2.7</b>
		Last 4 digits of account number _____

Debtor 1 **James Christopher Zury**  
First Name Middle Name Last Name

Case number (if known)

**2:16-bk-55027**

Debtor 2 **Jamie Kay Zury**  
First Name Middle Name Last Name

Name, Number, Street, City, State & Zip Code  
**Julia Donnan**  
**Brosius, Johnson, & Griggs LLC**  
**1600 Dublin Road, Suite 100**  
**Columbus, OH 43215**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number \_\_\_\_

Name, Number, Street, City, State & Zip Code  
**Nationstar Mortgage LLC**  
**Attn: Bankruptcy Department**  
**PO Box 619094**  
**Dallas, TX 75261-9741**

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number \_\_\_\_

Name, Number, Street, City, State & Zip Code  
**US Attorney General**  
**Main Justice Bldg #5111**  
**10th & Constitution Ave N.W.**  
**Washington, DC 20530**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

Name, Number, Street, City, State & Zip Code  
**US District Attorney**  
**303 Marconi Blvd., 2nd Floor**  
**Columbus, OH 43215**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_

Name, Number, Street, City, State & Zip Code  
**Weltman, Weinberg & Reis Co., LPA**  
**3705 Marlane Drive**  
**Grove City, OH 43123**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number \_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	2:16-bk-55027		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<b>Ace Cash Express</b> Nonpriority Creditor's Name <b>2529 W. Schrock Rd.</b> <b>Westerville, OH 43081</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number _____	<b>\$1,266.00</b>
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Loan</b> _____	

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

<b>4.2</b>	<b>Aes/pheaa-keycon</b> Nonpriority Creditor's Name <b>Pob 61047</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0007</b> <b>When was the debt incurred?</b> <b>Opened 2/16/06 Last Active 4/03/15</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>	<b>\$0.00</b>
<b>4.3</b>	<b>American Education Services</b> Nonpriority Creditor's Name <b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0007</b> <b>When was the debt incurred?</b> <b>Opened 4/01/15 Last Active 7/01/15</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Notice Only</b>	<b>\$103,834.00</b>
<b>4.4</b>	<b>Bank Of America</b> Nonpriority Creditor's Name <b>Nc4-105-03-14</b> <b>Po Box 26012</b> <b>Greensboro, NC 27410</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>2455</b> <b>When was the debt incurred?</b> <b>Opened 12/30/10 Last Active 5/31/13</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>	<b>\$0.00</b>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.5	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>0226</b>	\$0.00
	<b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 10/24/07 Last Active 10/27/10</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>2959</b>	\$0.00
	<b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 1/10/07 Last Active 5/02/11</b>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.7	<b>Cash Net USA.com</b> Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00	
	<b>200 W. Jackson Blvd., 4th Floor</b> <b>Chicago, IL 60606</b> Number Street City State Zip Code	When was the debt incurred?		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Loan</b>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027****4.8****Check into Cash**

Nonpriority Creditor's Name

**2473 E. Dublin Granville Rd.  
Columbus, OH 43229**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$316.63**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Loan**

**4.9****Check N Go**

Nonpriority Creditor's Name

**1971 E. Dublin Granville RD.  
Columbus, OH 43229**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$613.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Loan**

**4.10****CheckSmart**

Nonpriority Creditor's Name

**8290 Sancus Boulevard  
Westerville, OH 43081**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$912.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Loan**

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.1 1	<b>Child Radiologic, Institute</b> Nonpriority Creditor's Name <b>P.O. Box 715267</b> <b>Columbus, OH 43271-5267</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9161</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Expenses</b>	<b>\$28.86</b>
4.1 2	<b>Choice Recovery Inc</b> Nonpriority Creditor's Name <b>1550 Old Henderson Rd Ste 100</b> <b>Columbus, OH 43220</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9622</b> When was the debt incurred? <b>Opened 6/01/15</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Orthopedic And Neurological</b>	<b>\$230.00</b>
4.1 3	<b>Choice Recovery Inc</b> Nonpriority Creditor's Name <b>1550 Old Henderson Rd Ste 100</b> <b>Columbus, OH 43220</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8284</b> When was the debt incurred? <b>Opened 5/01/12</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Columbus Radiology</b>	<b>\$136.00</b>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.1	<b>Choice Recovery Inc</b> Nonpriority Creditor's Name <b>1550 Old Henderson Rd Ste 100</b> <b>Columbus, OH 43220</b> Number Street City State Zip Code	Last 4 digits of account number <b>1241</b>	\$83.00
4	When was the debt incurred? <b>Opened 5/01/13</b>		
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection Attorney Columbus Radiology</b> <input type="checkbox"/> Yes			
 <hr/>			
4.1	<b>Choice Recovery Inc</b> Nonpriority Creditor's Name <b>1550 Old Henderson Rd Ste 100</b> <b>Columbus, OH 43220</b> Number Street City State Zip Code	Last 4 digits of account number <b>9583</b>	\$36.00
5	When was the debt incurred? <b>Opened 1/01/13</b>		
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection Attorney Columbus Radiology</b> <input type="checkbox"/> Yes			
 <hr/>			
4.1	<b>Credit One Bank Na</b> Nonpriority Creditor's Name <b>Po Box 98873</b> <b>Las Vegas, NV 89193</b> Number Street City State Zip Code	Last 4 digits of account number <b>3918</b>	\$0.00
6	When was the debt incurred? <b>Opened 12/06/07 Last Active 6/21/13</b>		
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Notice Only</b> <input type="checkbox"/> Yes			

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.1 7	<b>Ford Credit</b> Nonpriority Creditor's Name <b>National Bankruptcy Service Center</b> <b>Po Box 62180</b> <b>Colorado Springs, CO 80962</b> Number Street City State Zip Code	Last 4 digits of account number <b>2961</b>  When was the debt incurred? <b>Opened 2/07/11 Last Active 5/15/13</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>	
<b>JPMorgan Chase</b> Nonpriority Creditor's Name <b>P.O. Box 24696</b> <b>Columbus, OH 43224</b> Number Street City State Zip Code		Last 4 digits of account number <b>0929</b>  When was the debt incurred?	<b>\$672.03</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Overdraft</b>	
<b>Meade &amp; Associates</b> Nonpriority Creditor's Name <b>737 Enterprise Dr</b> <b>Lewis Center, OH 43035</b> Number Street City State Zip Code		Last 4 digits of account number <b>7496</b>  When was the debt incurred? <b>Opened 12/01/15</b>  <b>As of the date you file, the claim is:</b> Check all that apply	<b>\$621.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Grant Medical Center</b>	

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

<b>4.2 0</b>	<p><b>Meade &amp; Associates</b> Nonpriority Creditor's Name <b>737 Enterprise Dr</b> <b>Lewis Center, OH 43035</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection Attorney Riverside Methodist Hospital</b></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>5739</b></p> <p><b>When was the debt incurred?</b> <b>Opened 12/01/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$257.00</b></p>
<b>4.2 1</b>	<p><b>Medicredit Corp/Outsource Group</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Three City Place Dr Ste. 690</b> <b>St Louis, MO 63141</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection Attorney Mt Carmel Medical Group</b></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>1497</b></p> <p><b>When was the debt incurred?</b> <b>Opened 7/01/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$50.00</b></p>
<b>4.2 2</b>	<p><b>Midland Funding</b> Nonpriority Creditor's Name <b>2365 Northside Dr</b> <b>Suite 300</b> <b>San Diego, CA 92108</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Factoring Company Account Onemain Financial Services Inc</b></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>7467</b></p> <p><b>When was the debt incurred?</b> <b>Opened 11/01/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<p><b>\$10,674.00</b></p>

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

<b>4.2</b> <b>3</b> <b>Midland Funding</b> Nonpriority Creditor's Name <b>2365 Northside Dr</b> <b>Suite 300</b> <b>San Diego, CA 92108</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5994</b> When was the debt incurred? <b>Opened 3/01/14</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$1,305.00</b>
<b>Factoring Company Account Credit One</b> <input checked="" type="checkbox"/> Other. Specify <b>Bank N.A.</b>		
<hr/>		
<b>4.2</b> <b>4</b> <b>Midland Funding</b> Nonpriority Creditor's Name <b>2365 Northside Dr</b> <b>Suite 300</b> <b>San Diego, CA 92108</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4469</b> When was the debt incurred? <b>Opened 5/01/14</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$406.00</b>
<input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Citibank N.A.</b>		
<hr/>		
<b>4.2</b> <b>5</b> <b>Midland Funding</b> Nonpriority Creditor's Name <b>2365 Northside Dr</b> <b>Suite 300</b> <b>San Diego, CA 92108</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5250</b> When was the debt incurred? <b>Opened 10/01/15</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$398.00</b>
<input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Capital One</b> <input checked="" type="checkbox"/> Other. Specify <b>Bank Usa N.A.</b>		

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**4.2  
6**Mt. Carmel Medical Group**

Nonpriority Creditor's Name

**P.O. Box 951464  
Cleveland, OH 44193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**3498****\$134.37**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Expenses**

4.2  
7**National Loans**

Nonpriority Creditor's Name

**PO Box 12699  
Columbus, OH 43212**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Notice Only**

4.2  
8**National Loans LLC**

Nonpriority Creditor's Name

**P.O. Box 12699  
Columbus, OH 43212**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$1,059.08**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Loan**

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**4.2  
9**Nationwide Childrens Hospital**

Nonpriority Creditor's Name

**700 Childrens Drive  
Columbus, OH 43205**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**7126****\$40.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Expenses**

4.3  
0**Nissan Motor Acceptance Corp/Infinity Lt**

Nonpriority Creditor's Name

**Nmac/Attn: Bankruptcy  
Po Box 660360  
Dallas, TX 75266**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**9183****\$2,634.00****Opened 3/01/11 Last Active****9/11/14**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Lease**

4.3  
1**Ohio Health**

Nonpriority Creditor's Name

**5350 Frantz Rd.  
Dublin, OH 43016**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**5124****\$124.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Expenses**

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.3 2	<b>Ohio Health Labs</b> Nonpriority Creditor's Name <b>PO Box 140190</b> <b>Toledo, OH 43614</b> Number Street City State Zip Code	Last 4 digits of account number <b>7526</b>  When was the debt incurred?	<b>\$10.45</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Expenses</b>			
<b>Onemain Financial/Citifinancial</b> Nonpriority Creditor's Name <b>6801 Colwell Blvd</b> <b>Ntsb-2320</b> <b>Irving, TX 75039</b> Number Street City State Zip Code		Last 4 digits of account number <b>1979</b>  When was the debt incurred? <b>Opened 6/01/12 Last Active 11/10/14</b>	<b>\$5,178.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>			
<b>Ortho &amp; Neuro Consultants Inc</b> Nonpriority Creditor's Name <b>70 South Cleveland Avenue</b> <b>Westerville, OH 43081</b> Number Street City State Zip Code		Last 4 digits of account number <b>1032</b>  When was the debt incurred?	<b>\$177.20</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Expenses</b>			

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 5</div> <b>P H E A A/h C B</b> Nonpriority Creditor's Name <b>Aes/Ddb</b> <b>Po Box 8183</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8127</b> <b>\$0.00</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>
<b>Radiology Inc</b> Nonpriority Creditor's Name <b>10567 Sawmill Parkway, Suite 100</b> <b>Powell, OH 43065</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>8127</b> <b>\$45.91</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Expenses</b>	
<b>Recovery One</b> Nonpriority Creditor's Name <b>5100 Parkcenter Av</b> <b>Dublin, OH 43017</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <b>0197</b> <b>\$140.96</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>05 Power Shack Gym And Fitness Ce</b>	

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.3 8	<b>Rise Credit</b> Nonpriority Creditor's Name <b>Customer Support</b> <b>Po Box 101808</b> <b>Fort Worth, TX 76185</b> Number Street City State Zip Code	Last 4 digits of account number <b>6772</b>	\$1,919.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 9/29/14 Last Active 10/30/14</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>		
4.3 9	<b>Sallie Mae</b> Nonpriority Creditor's Name <b>Attn: Navient</b> <b>Po Box 9500</b> <b>Wilkes-Barr, PA 18873</b> Number Street City State Zip Code	Last 4 digits of account number <b>0808</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 8/01/94 Last Active 10/10/12</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>		
4.4 0	<b>Sallie Mae</b> Nonpriority Creditor's Name <b>Attn: Navient</b> <b>Po Box 9500</b> <b>Wilkes-Barr, PA 18873</b> Number Street City State Zip Code	Last 4 digits of account number <b>1208</b>	\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	When was the debt incurred? <b>Opened 12/01/93 Last Active 10/10/12</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify <b>Notice Only</b>		

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**4.4  
1**Sound Inpatient Physician of Ohio**

Nonpriority Creditor's Name

**File 31223****P.O. Box 60000****San Francisco, CA 94160-0001**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**0258****\$122.01**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Expenses**4.4  
2**St. Ann's Hospital**

Nonpriority Creditor's Name

**500 South Cleveland Ave.  
Westerville, OH 43081-8998**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**1167****\$100.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Expenses**4.4  
3**Sternrecsvcs**

Nonpriority Creditor's Name

**415 N Edgeworth St Ste 210  
Greensboro, NC 27401**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**BT56****\$99.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Med1 02 Columbus Radiology Corporati**

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

4.4 4	<b>Syncb/HH Gregg</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>3772</b>	\$0.00
	<b>Po Box 103104 Roswell, GA 30076</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 1/07/09 Last Active 1/13/10</b>	
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>		
	<input type="checkbox"/> Yes			

4.4 5	<b>Syncb/Lane Furniture</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>8057</b>	\$0.00
	<b>Po Box 965064 Orlando, FL 32896</b> Number Street City State Zip Code	When was the debt incurred?	<b>Opened 1/03/11 Last Active 9/05/12</b>	
	<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>		
	<input type="checkbox"/> Yes			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Affiliated Acceptance Corp.  
P.O. Box 790001  
Sunrise Beach, MO 65079-0197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Attorney Allen Reis  
175 S. Third Street, Suite 900  
Columbus, OH 43215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Attorney Connie Hall  
3783 Broadway  
Grove City, OH 43123**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Columbus Radiology**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027****PO BOX 715694  
Columbus, OH 43205** Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**GC Services Limited Partnership  
6330 Gulfton  
Houston, TX 77081**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Grant Medical Center  
111 South Grant Avenue  
Columbus, OH 43215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**JP Recovery Services Inc.  
2022 Center Ridge  
Suite 370  
Rocky River, OH 44116-3501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Mt. Carmel/East, West & St. Anns  
6150 E. Broad Street  
Columbus, OH 43213-1574**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Orthopedic & Neurological  
Consultants  
PO Box 713649  
Cincinnati, OH 45271**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Performant Recovery  
P.O. Box 9054  
Pleasanton, CA 94566-9054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Riverside Methodist Hospital  
3535 Olentangy River Rd.  
Columbus, OH 43214**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>	
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f.	\$ <b>103,834.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>

Debtor 1 **James Christopher Zury**Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**6h. **Debts to pension or profit-sharing plans, and other similar debts**6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6j. **Total Nonpriority.** Add lines 6f through 6i.6h. \$ **0.00**6i. \$ **30,789.00**6j. \$ **134,623.00**

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.2	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.3	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.4	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		
2.5	<hr/> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>		

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>James Christopher Zury</u>
Debtor 2 (Spouse, if filing)	<u>Jamie Kay Zury</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF OHIO</u>
Case number (If known)	<u>2:16-bk-55027</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Sales Representative</u>	<u>Administrative Assistant</u>
Employer's name	<u>EverDry Waterproofing</u>	<u>Exel, Inc.</u>
Employer's address	<u>4271 Weaver Court North Hilliard, OH 43026</u>	<u>570 Polaris Parkway Westerville, OH 43082</u>

How long employed there?

1 Yr/Bi-Weekly

13 Yrs/Bi-Weekly

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,000.00</u>	\$ <u>4,249.66</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>5,000.00</u>	\$ <u>4,249.66</u>

Debtor 1 **James Christopher Zury**  
 Debtor 2 **Jamie Kay Zury**

Case number (if known)

**2:16-bk-55027**

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>	
<b>Copy line 4 here</b>	<b>4. \$ 5,000.00</b>	<b>\$ 4,249.66</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>1,125.00</b>	\$ <b>994.41</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>0.00</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>255.49</b>	
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>190.91</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. <b>Other deductions. Specify: Life Insurance</b>	5h. + \$ <b>2.17</b>	+ \$ <b>0.15</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 1,127.17</b>	<b>\$ 1,440.96</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 3,872.83</b>	<b>\$ 2,808.70</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>Average Net Monthly Income form</b>			
8h. <b>Other monthly income. Specify: Part-Time Kohls Job</b>	8h. + \$ <b>0.00</b>	+ \$ <b>280.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 0.00</b>	<b>\$ 280.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 3,872.83</b>	<b>+ \$ 3,088.70</b>	<b>= \$ 6,961.53</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>6,961.53</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>33 Months Remain on Mrs. Zury 401(k) Loan Repayment</b>			

Debtor 1 **James Christopher Zury**  
Debtor 2 **Jamie Kay Zury**

Case number (if known) **2:16-bk-55027**

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Spouse</b>	
Occupation	<b>Sales</b>
Name of Employer	<b>Kohl's Department Store</b>
How long employed	<b>1 Yr/Bi-Weekly</b>
Address of Employer	<b>133 Huber Village Drive Westerville, OH 43081</b>

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>
Debtor 2	<b>Jamie Kay Zury</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF OHIO</b>
Case number	<b>2:16-bk-55027</b>
(If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

**MM / DD / YYYY**

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

**Daughter**

**13 Yrs.**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**Son**

**15yrs.**

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>100.00</b>
4c. \$	<b>50.00</b>
4d. \$	<b>52.50</b>
5. \$	<b>0.00</b>

Debtor 1 **James Christopher Zury**  
 Debtor 2 **Jamie Kay Zury**

Case number (if known) **2:16-bk-55027**

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>310.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>35.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>468.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,039.03</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>150.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>120.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>100.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>95.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>232.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>0.00</u>	
17b. \$ <u>0.00</u>		
17c. \$ <u>0.00</u>		
17d. \$ <u>0.00</u>		
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	19.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>3,251.53</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,251.53</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>6,961.53</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,251.53</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>3,710.00</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<b>James Christopher Zury</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jamie Kay Zury</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	<b>2:16-bk-55027</b>		

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ James Christopher Zury  
**James Christopher Zury**  
Signature of Debtor 1

Date August 10, 2016

X /s/ Jamie Kay Zury  
**Jamie Kay Zury**  
Signature of Debtor 2

Date August 10, 2016